

| POSITION                  | INITIALS | ID NO. | DATE     |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION         |          |        |          |
| O.I.P.E. CLASSIFIER       |          |        |          |
| FORMALITY REVIEW          | AP       | 1027   | 08/07/01 |
| RESPONSE FORMALITY REVIEW | AG       | 640    | 7-18-02  |
|                           |          | 927    | 10/04/02 |

# INDEX OF CLAIMS

|   |                            |   |              |
|---|----------------------------|---|--------------|
| ✓ | Rejected                   | N | Non-elected  |
| = | Allowed                    | I | Interference |
| - | (Through numeral) Canceled | A | Appeal       |
| + | Restricted                 | O | Objected     |

| Claim    | Date     |
|----------|----------|
| Final    |          |
| Original |          |
| 1        | 08/07/01 |
| 2        | ✓        |
| 3        | ✓        |
| 4        | ✓        |
| 5        | ✓        |
| 6        | ✓        |
| 7        | ✓        |
| 8        | ✓        |
| 9        | ✓        |
| 10       | ✓        |
| 11       | ✓        |
| 12       | ✓        |
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| 46       | ✓        |
| 47       | ✓        |
| 48       | ✓        |
| 49       | ✓        |
| 50       | ✓        |

| Claim    | Date |
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| Final    |      |
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| Claim    | Date |
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| Final    |      |
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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50811  
08/07/01  
523  
10/11/01  
11/11/01